

is frequently smaller than the area of cupping, increasing disc atrophy can be overlooked when pallor alone is used as a diagnostic guide.

The question of how best to record these observations has also become an important one. Where a fundus camera is available, a stereo photograph is a useful recording medium. Where it is not accessible, the use of geometric terms such as funnel, cylinder or hemisphere in addition to horizontal and vertical cut-to-disc ratios will suffice. Notation of the location of cup pallor will complete the picture and form a composite which can be of continuing value in following any patient.

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Temporary Press-On Visual Aids

PRISMS HAVE BEEN USED for many years in treating strabismus but have not previously received wide patient acceptance when of significant strength because of their heavy weight and cosmetically unacceptable appearance in spectacles. Lightweight plastic membranes which adhere to the back surface of spectacle lenses have recently

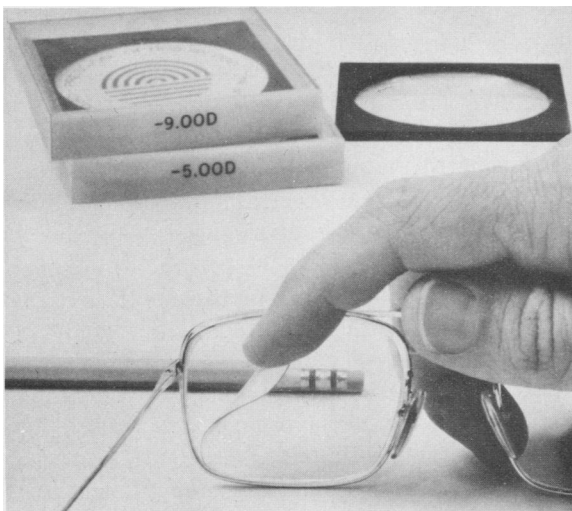


Figure 1.—Newly developed press-on membrane adds prism to spectacle lens without appreciably increasing thickness or weight.

been developed (Figure 1). These use the Fresnel principle by having a series of long narrow adjacent prisms molded into them, effectively creating high prism powers in a thin lightweight membrane. The availability of these devices has dramatically increased the usefulness of prisms and has re-awakened interest in prism therapy by ophthalmologists and orthoptists. Moreover, prisms may be varied in power and orientation before the eye without necessitating grinding new spectacle lenses, thus avoiding significant expense to patients. Also available are press-on spherical lenses which may be used for temporary modifications of refractive corrections, again without requiring a new pair of spectacles for a patient. The major disadvantage of the press-on aids is a slight decrease in clarity of vision through them, compared with optically surfaced glass. An additional problem is the possible tendency of practitioners to select this convenient form of therapy rather than a more involved approach which may, however, be more effective in treating a specific case.

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Ophthalmic Microsurgery

THE OPERATING MICROSCOPE is coming of age in ophthalmic operations. For years skilled eye surgeons have done microscopic surgical procedures on a delicate organ which must be treated with extreme precision and care because of its optical as well as its physiological characteristics. In a real sense this type of operation has been a matter of feel and experience because of the relative inadequacy of magnification available in operating loupes. New instrumentation and new training facilities now make it possible to control surgical maneuvers using high magnification and direct visualization which force even the novice to handle tissues with the delicacy and respect of a virtuoso surgeon.

A major impetus in the popularization of ophthalmic microsurgery has been the development of